

Modified and Nonstandardized HSGQE Request for Reconsideration

Modified and Nonstandardized HSGQE applications are approved or denied by the Department of Education & Early Development. If the application is denied, the district has the right to request reconsideration to the Commissioner. All Requests for Reconsideration must be filed within 10 days after the denial. Fax the request to 465-8400 or 465-2806. You may confirm the arrival of the fax by contacting the assessment clerk at 465-2900.

	High School			
Student Name				
First	Last			
Requested by				
Position	Phone Number			
Fax Number	Email _			
Mailing Address				
For which assessment are you requesting				
reconsideration?			nstandardiz	ed 🗌
Have you attached a copy of all documentation to request: original application with state signature a copy of IEP/504?			Yes	No 🗌
Have you faxed or mailed a copy of this request to Alternative Assessment Program Manager, 465-84			Yes N	No 🗌
Signature of Special Education Teacher or Sec. 50	4 Coordinator	Date of signature		
Signature of Special Education Teacher or Sec. 50	4 Coordinator	Date of signature	_	
Signature of Special Education Teacher or Sec. 50 Signature of Superintendent or Designee	4 Coordinator	Date of signature Date of signature	<u> </u>	
	4 Coordinator			
Signature of Superintendent or Designee	4 Coordinator SSIONER'S OFFICE U	Date of signature		
Signature of Superintendent or Designee FOR COMMIS		Date of signature		
Signature of Superintendent or Designee FOR COMMIS Reviewed by	SSIONER'S OFFICE U	Date of signature USE ONLY Approved		
Signature of Superintendent or Designee FOR COMMIS	SSIONER'S OFFICE U	Date of signature USE ONLY Approved		